

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526409

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		3	1			
5	1		1			
6		1	1			
7	2		1			
8		1	1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
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TOTAL IND.	8		2			
TOTAL DEP.	8		14			
TOTAL CLAIMS	10		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						